

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | |
| 2 | | / | / | / | | |
| 3 | 2 | | / | | | |
| 4 | 2 | | / | | | |
| 5 | / | | / | | | |
| 6 | / | | / | | | |
| 7 | 2 | | / | | | |
| 8 | 2 | | / | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | 1 | | / | | | |
| 12 | 1 | | / | | | |
| 13 | 1 | | / | | | |
| 14 | 1 | | / | | | |
| 15 | 1 | | / | | | |
| 16 | 1 | | / | | | |
| 17 | 1 | | / | | | |
| 18 | 1 | | / | | | |
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| 27 | 1 | | / | | | |
| 28 | 1 | | / | | | |
| 29 | 1 | | / | | | |
| 30 | 1 | | / | | | |
| 31 | 1 | | / | | | |
| 32 | 1 | | / | | | |
| 33 | 2 | | / | | | |
| 34 | 1 | | / | | | |
| 35 | 1 | | / | | | |
| 36 | 1 | | / | | | |
| 37 | 1 | | / | | | |
| 38 | 1 | | / | | | |
| 39 | 1 | | / | | | |
| 40 | 1 | | / | | | |
| 41 | 1 | | / | | | |
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| TOTAL IND. | 5 | | 4 | | | |
| TOTAL DEP. | 40 | ← | 31 | ← | | |
| TOTAL CLAIMS | 45 | | 35 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |